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# the CHILD

\*\*\* Monthly Bulletin \*\*\*



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U. S. DEPARTMENT OF LABOR  
CHILDREN'S BUREAU

JUNE 1941



# THE CHILD

## MONTHLY BULLETIN

Volume 5, Number 12

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• **CHILD WELFARE** •

• **SOCIAL SERVICES** •

• **CHILD GUIDANCE** •

## Attainable Goals for the Welfare of Indian Children<sup>1</sup>

By KATHARINE F. LENROOT

*Chief, U. S. Children's Bureau*

IN ITS General Report, adopted in January 1940, the White House Conference on Children in a Democracy<sup>2</sup> used a phrase that may well be regarded as the keynote of the conference and the follow-up programs which are now being developed in many States and localities—"Our Concern, Every Child." It affirmed that it "speaks to all the people for all the children." It gave specific recognition to the problems involved in making this concern effective in behalf of children under special disadvantages—whether of race, nationality, economic circumstance, or family or individual disability. Within these classifications the conference included the children of those who constitute, racially, our oldest American stock—the children of the Indians.

Numerically the Indians of the United States—less than 400,000 in number, of whom nearly 200,000 are under 18 years of age—constitute a population only about as large as that of Seattle. Yet, as is pointed out by John Collier, Commissioner of Indian Affairs, in his annual report for 1940<sup>3</sup>—a portrayal of philosophy and of progress which everyone interested in Indians should read—this small population bears an important relation to the future of

democratic institutions in the Western Hemisphere. In all the Americas there are some 30,000,000 Indians. Commissioner Collier states that by 8,000 B. C. these peoples had found their way eastward to the Atlantic seaboard and southward to Patagonia and had "proved to possess the highest capacity for adaptation, and a tendency toward rapid social evolution, while at the same time they displayed marked tenacity in holding to ancient types—physical, social, and psychological." Mr. Collier points out that in spite of essentially dictatorial and repressive policies of the United States toward the Indians, enduring for more than half a century, these policies "were not effectual in destroying the local democracy of the Indians, or even in fundamentally modifying the Indian types and Indian institutions of local democracy."

The White House Conference on Children in a Democracy claimed for Indian children, as for all the children of the United States, the fundamental rights and opportunities which are essential to individual welfare and the safety of our democratic institutions. It declared that "the effort to obtain equality of opportunity for children without regard to race, color, or creed should be pursued in the places and institutions that have potentially the greatest influence upon children." In order that this standard should permeate Government provisions for child welfare, the conference recommended that—

In the local use of Federal and State grants the same standards should be applied to minority groups as to

<sup>1</sup> Paper given at the Indian Affairs Forum, National Conference of Social Work, Atlantic City, N. J., June 6, 1941.

<sup>2</sup> Children in a Democracy—General Report Adopted by the White House Conference on Children in a Democracy, January 19, 1940. Children's Bureau, Washington, 1940.

<sup>3</sup> Reprinted from the Annual Report of the Secretary of the Interior for the Fiscal Year Ending June 30, 1940, Office of Indian Affairs, pp. 354-400. Washington, 1940.

others, and this should be a specific legislative requirement, enforced by public opinion and safeguarded by the right of the individual to appeal and to obtain a fair hearing.

Equality of opportunity does not mean identity of experience. As Grace Abbott once said, "All children are treated alike only if all children are treated differently." Services for Indian children must be based upon a profound understanding of their cultural heritage and present circumstances. As the preliminary statements submitted to the White House Conference on Children in a Democracy, presented for group discussion at the conference, pointed out—

The Indian has never competed with the white man for jobs to any significant degree. This group has been thoroughly exploited or restricted in opportunities, and it is only in recent years that Federal policy in respect to Indians has begun to take cognizance of their culture and of what the Indian wants for himself rather than what the white man thinks he wants or ought to be.

Indians in North America are often thought of as a dying race, symbolized by the painting, "The End of the Trail." This is not true. In 1930, 42 percent of the total Indian population were under 16 years of age, although of the total white population only 31 percent were under this age. It was predicted recently by Dr. Frank Lorimer, director of population studies at American University, as reported by Science Service, that "Indians in the United States are now multiplying so rapidly that by 1980 the country may actually expect to have as many Indians as when Columbus landed in 1492." Many Indian youth of today are facing life with hope and vigor—encouraged by the achievements of their elders and eager to play a worthy part in the mosaic of American civilization. This is due primarily to what the Commissioner of Indian Affairs describes as "the new Indian program of the United States as cumulatively made effective across the last 12 or more years"—a program designed to encourage and make effective the practices and procedures of democracy in tribal and local affairs.

What are the aspirations of our American Nation for all its children? In brief, they include a satisfying home life, with enough income to assure decent, comfortable housing;

adequate, nourishing food; warm, presentable clothing; health protection and medical care when needed; schooling until at least the age of 16 years, and beyond that if the child's aptitudes and interests warrant it; vocational preparation and opportunity for safe, progressive work experience; religious training; recreation and leisure-time interests; congenial companionship; experience in the democratic process; appreciation of the values and privileges of democratic citizenship, and willingness to make all needful sacrifice for the preservation of these values. These constitute the goals of democracy for every child. To secure them requires full provision for national defense, strengthening the economic resources of families and communities, and extending and improving community services for children.

For the Indian child, as for the white child, home and family are of primary importance. The White House Conference on Children in a Democracy pointed out that—

The child has food and shelter if his family has a home and provides food.

He is content and happy if he is well, if he has parents and others to love and be loved by.

Measures for safeguarding the welfare of the Indian child must begin with an understanding of the characteristics of Indian families. In most tribal groups there are strong family ties, extending beyond the circle of those immediate relatives who usually constitute the family of the white child in the United States. Kinship groups among Indians, including grandparents, uncles, and aunts, offer security to the Indian child who has been deprived of the care of his father or mother, or of both parents. The child of the Omaha tribe, for example, as well as children of many other tribes, can say, "I, a child, call all men my father, who are my father's brothers, and all women my mother, whom my mother calls sisters." Likewise, the terms "brother" and "sister" include cousins of first, second, third, or even fourth degree. In other words, relatives usually form a closely knit group held together by mutual affection, loyalty, and responsibility.

The implications of this kinship system for social work in behalf of Indian children, especially in the provision of care for children whose

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parents are dead or are not able to provide for them, are obvious and must be given full recognition in the development of child-welfare programs. Although economic problems, the impact of white customs, and Government policies relating to the care of children in Indian boarding schools have weakened tribal family security to some extent, it is reported that family solidarity and responsibility in general have suffered far less from contact with white American civilization than have the primitive handicrafts and economic life.

The White House Conference on Children in a Democracy emphasized the basic importance to child welfare of an income "sufficient to provide the essentials of food, clothing, shelter, and health," and stated further that—

The basic economic problem of our children is the economic problem of the Nation—to find a sound balance of wages, prices, and financing that will provide a growing purchasing power to industrial workers and farmers and profitable investment for capital.

Indians are sometimes pictured as having comfortable allotments from the Federal Government under treaty rights or through other tribal funds; in fact, such assets are extremely limited. The Commissioner of Indian Affairs states that aside from a small amount for the relief of aged and indigent Indians, no money has been appropriated since the beginning of the century for the unearned use of able-bodied Indians except an insignificant loan fund in fulfillment of treaty obligations. It is estimated that 140,000 Indians are without independent means of support and must be assisted through some form of work relief or direct relief.<sup>4</sup>

Indians are described in Commissioner Collier's report as losing, on an average, 2,000,000 acres of land each year between 1880 and 1930, with the result that about 100,000 Indians were without any land. The economic and social effects of this condition were far reaching, for the whole culture and the local institutions of the Indian were founded upon the possession and cooperative utilization of natural resources. Marked progress has been made in placing the

Indian family on a more secure foundation. Approximately three-fourths of the Indians are in tribes that have accepted through referendum vote the Indian Reorganization Act of 1934, which institutes reforms in land policies, establishes credit and loan funds, and encourages self-government for Indian tribes. Under the land-acquisition program, more than 4,000,000 additional acres have been made available for Indian use since 1933. Yet this is only one-sixth of the estimated land needs of the Indian population. Soil conservation and irrigation projects, conservation of timber resources, agricultural-extension and Civilian Conservation Corps projects (the Indians engaged on such projects live, for the most part, in their own homes), and rehabilitation grants to Indian tribes and groups for housing and resettlement have accompanied this farsighted program of land acquisition. Thus many of the programs for the relief of unemployment and especially of agricultural distress, which have been developed for the general population during the period of the depression, have been applied to the Indian population. This has been done within a framework adapted to indigenous economic and cultural systems and with democratic participation by the Indians in the determination of local policies and the administration of local programs.

Foundations have been laid, in the past 7 or 8 years, for the application of the recommendations of the White House Conference on Children in a Democracy relating to the economic basis for family life. Much more remains to be accomplished if Indian children are not to constitute a minority group suffering under serious economic handicaps. The amount available for the fiscal year for rehabilitation grants and relief for Indians under the appropriation bill for 1942 now pending in Congress is considerably less than the amount allocated for relief in the preceding year from emergency relief appropriations.

The White House Conference on Children in a Democracy pointed out that—

The character of a dwelling is important to every member of the family, but especially to children, who spend so much time in and near the house and are particularly susceptible to environmental influences.

<sup>4</sup>Hearings before the subcommittee of the Committee on Appropriations, House of Representatives (77th Cong., 1st sess.), on the Interior Department Appropriation Bill for 1942, pt. II, Bureau of Indian Affairs, p. 474. Washington, 1941.

Further, the report describes in general terms the standards for dwellings suitable for the rearing of children. Indian housing, on the whole, falls far below these standards. Most Indians live in areas where it is difficult to obtain raw materials for home construction. They lack funds to purchase imported materials. Under the Indian rehabilitation program new or repaired homes have been provided for some 7,000 Indian families, and more than 3,000 sanitary toilets have been constructed. Experience under this very limited program has shown what may be done toward meeting the housing needs for family life in a group that was probably the most inadequately housed of any group in the United States.

Thus far we have been concerned with economic programs administered directly through the Indian Service. These programs are designed to give the Indian an opportunity for self-support—for a living adequate to meet the necessities of life for himself and his family. The gains that have been made in the past 10 years must be conserved and extended, if we are to cherish and preserve for the Indians, as for all others in our civilization, the genius and the principles of democracy.

Beyond these measures, our Indian fellow citizens are entitled to participate on an equal basis with all others in social-security programs and in community services. Efforts to develop full cooperation between those responsible for Indian welfare and Federal, State, and local agencies responsible for general programs of health, education, and social services should be continued and extended. The functions of special programs for Indians should be to utilize the general resources available to all citizens so as to serve most fully and most appropriately the needs of the Indian population, and to develop such special services as are necessary to meet problems which are peculiar to their culture and situation.

Indians are eligible, on the same terms as other citizens, for public assistance and for social-insurance benefits under the Social Security Act. However, few have qualified for old-age and survivors insurance benefits and unemployment compensation, because for the

most part they are not engaged in industrial pursuits. Surplus commodities are available to Indians, and individual Indians have been employed by the Work Projects Administration.

As of October 1, 1939, 1,817 families of Indians and 4,125 Indian children were receiving aid to dependent children. In some States the proportion of Indian children receiving aid to dependent children is somewhat lower than the proportion of white children. The average monthly grant per child as of the date cited was \$7.69 for Indians and \$14.91 for all children. By States, the average for Indian children ranged from \$4.78 in Oklahoma to \$12.83 in California.<sup>5</sup> The special problems involved in the administration of public-assistance programs among Indians have been well described in a recent article in *Public Welfare News*.<sup>6</sup>

The General Report adopted by the White House Conference asserted that "the health of the majority of persons is purchasable," and added—

\* \* \* many families are able from their own resources to provide the necessary care for their children. But a larger number cannot afford to do so; the population in many areas cannot support doctor and nurse; communities of limited size and means cannot afford hospitals, clinics, and competent personnel for health administration. The remedy is, in the main, to direct a suitable portion of the Nation's resources to areas where unmet needs are great.

Few accurate statistics concerning maternal and infant mortality among Indians are available, but both mortality rates and the incidence of disease are known to be high. As reported by the Bureau of the Census the infant mortality rate per 1,000 live births for Indians was 128 in 1938—more than two and a half times the rate for white infants (47) and considerably higher than the rate for Negro infants (78) in the same year. Poverty, overcrowded and inadequate living quarters, and lack of adequate resources for medical care are important contributing factors. Tuberculosis is prevalent in all tribes, with the possible exception of the

<sup>5</sup> Statistical Supplement to the Annual Report of the Commissioner of Indian Affairs for the Fiscal Year Ended June 30, 1940, p. 86. Washington, 1940.

<sup>6</sup> Wootton, Marlow V.: Case Work Among the Bannocks and Shoshones. *Public Welfare News* (published by American Public Welfare Association, Chicago), Vol. IX, No. 5 (May 1941), pp. 2-4.

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Seminoles in Florida. Trachoma, diseased tonsils, and venereal disease appear to be prevalent, though considerable progress is being made in combating these diseases.

Indian children live, for the most part, in communities where resources for health supervision and medical care are extremely limited. The Division of Health of the Office of Indian Affairs maintains and has general supervision over 12 sanatoria and 86 general hospitals in the United States and Alaska. Dispensaries and out-patient offices are provided in hospitals and outlying areas. Maternal and child-health activities and services for crippled children, carried on in all States with the assistance of Federal funds under the Social Security Act, have been widely developed, especially in rural areas, and have extended the services available to Indian children as well as to white children. Education of Indian women with regard to the value of prenatal and postnatal care is resulting in increased hospitalization of maternity cases; in fact, 80 percent of the Indian mothers are now delivered in hospitals.<sup>7</sup> The Office of Indian Affairs has given cooperation and financial assistance in the development of general public-health and maternal and child-health programs for which the United States Public Health Service and the Children's Bureau are responsible. Special demonstrations of particular value to Indian children have been developed in some places; for example, the five-county demonstration centering in Tahlequah, Okla. In many instances, however, isolation, language difficulty, and other circumstances make it difficult to meet the health needs of Indian children on an equitable basis.

In regard to education, the White House Conference on Children in a Democracy affirmed that—

A primary responsibility of our democracy is to establish and maintain a fair educational opportunity to which every American child is entitled. This should be a Nation-wide goal, sought through all the thousand varieties of local conditions and traditions.

The task of education with reference to the Indian child is to introduce him to a new culture

without destroying the old. It is said that there are about 200 Indian languages or dialects in the United States. Among the Navajos, for example, only about 1 person in 10 speaks or understands English. The shift from boarding-school to day-school education, though by no means complete, and the increase in school attendance are encouraging evidences of progress, but many Indian children of school age, particularly of high-school age, are not in school.

The "enrichment program" for the education of Indian children in Oklahoma is one of great promise. Under this program Indian children are received in public schools on the same basis as white children, this right being guaranteed by the State Constitution. Tuition for Indian children is paid from Federal funds, one-half being allocated to an "enrichment" fund which must be used by school districts for improving educational facilities, particularly for the purchase of equipment, supplies, library books, and so forth, needed in modern education. White children as well as Indian children have benefited greatly by this "enrichment" program.

The White House Conference recommended that the development of facilities for recreation and the constructive use of leisure time should be recognized as a public responsibility on a par with responsibility for education and health.

Lack of opportunity for wholesome forms of recreation often results in Indian adolescents engaging in activities that are destructive to character. The organization of facilities for the constructive use of leisure time should be given special consideration in relation to the development of Indian children. There is a fundamental need for the Indian to identify himself with his own group. Indian children and youth are not likely to come voluntarily to clubs or other groups organized by white Americans unless there is a well-trained and understanding leader who will stimulate their desire to participate in such activities. One of the greatest needs is for carefully selected, well-trained recreational leaders whose entire time would be devoted to the organization and supervision of community activities.

The White House Conference recognized that in a democracy responsibility for the care of

<sup>7</sup> Based on an estimated 250,000 Indians for whom birth and death certificates are reported and for whom the Bureau of Indian Affairs assumes medical responsibility.

children centers in the family. The General Report of the Conference states—

Social services furnish the means by which society helps to meet the special needs of children whose well-being cannot be fully assured by their families and by those community services that are intended for all children alike. The primary objective of child-welfare service is to provide for every child who has some special need whatever assistance and guidance may be required to assure his security and protection, within his own home if possible, and opportunity for his growth and development.

To accomplish these ends the conference recommended that social services to children whose home conditions or individual difficulties require special attention should be provided in every county or other appropriate area. For children who require care away from their own homes, the conference recommended that there should be available such types of family-home and institutional care as may be necessary to insure their proper care, having due regard for special handicaps and problems of adjustment. Further, the conference urged that child-caring agencies and institutions should have adequate funds for the maintenance of children and also for such other services as are required to meet their physical, emotional, educational, and religious needs, utilizing to the fullest extent community resources available for these purposes.

Until very recently the social-service program of the Office of Indian Affairs was a part of the program of the Education Division. Recognition of the need for social service grew out of the problems of children in boarding schools and during their subsequent readjustment to community life. With the shift in emphasis from boarding-school to day-school care, and the use of foster homes in some cases for orphan children or children for whom educational opportunity is not available in the communities where they live, the social-service program can now be centered chiefly on a service to the child in his own home and under the conditions of community living which he meets. It should be possible to reduce further the boarding-school population through increased services for children who are orphaned or otherwise dependent, in their own communities, and through expanded foster-home programs.

Twenty-four social workers with some train-

ing and experience are now on the staff of the Office of Indian Affairs and 3 others working under State auspices receive half of their salaries from the Indian Office. Of the 24 on the staff of the Indian Office, 20 are assigned to Indian agencies and 4 are workers not assigned to any special territory.

Seven of these workers are Indians. Leave of absence for further training (educational leave) is encouraged. Social workers are assigned for service in Alaska and in 12 States: Michigan, Wisconsin, Minnesota, Nebraska, South Dakota, Montana, Washington, Oregon, Nevada, Arizona, Oklahoma, and California. In addition, North Dakota has 3 workers employed on the cooperative basis described. The work is carried on in close cooperation with the social workers employed by State and local departments of public welfare. In Oklahoma, for example, Indians are represented on local public-welfare committees. Many reservations, however, are without social workers. An increased number of workers, further development of field supervision, and greater professional preparation adapted to the special conditions of Indian work are needed.

The program of child-welfare services in rural areas, made possible by Federal funds granted to State agencies in accordance with plans jointly developed under the Social Security Act by the State welfare agencies and the Children's Bureau, is making available services to children in their own homes which are particularly valuable as a resource for service to Indians. Approximately 500 rural counties in the United States have child-welfare workers who have had special training and experience in social work and who are employed under the social-security program. All the States and Territories are cooperating with the Children's Bureau in these services.

In 2 States special cooperation has been developed between the State child-welfare service and the Office of Indian Affairs. Thus, on 3 of the 4 reservations in North Dakota child-welfare workers are paid half from Indian Service funds and half from State child-welfare funds. In Wisconsin the Indian Service pays \$3,000 per year to the State welfare department,

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which is the equivalent of salary and travel for 1 worker. It also pays for foster-home care for approximately 75 children who were at the Tomah Boarding School prior to the time when it was discontinued.

In Michigan a foster-home program has been developed through the services of the Michigan Children's Aid Society, a private organization. The Office of Indian Affairs arranges through contract with this organization for the foster-home care of Indian children and pays \$5 a week for the care of each child. The Michigan Children's Aid Society pays all overhead expenses. The Office of Indian Affairs has the privilege of visiting the foster homes and its worker is available for consultation service.

Many times the background of the white social worker is such that he finds it difficult to understand Indian ways and Indian customs. He finds Indians responsive to some ideas and wholly unresponsive to others. He finds Indians stubborn about little things that he takes for granted. He is likely to reach the decision that they are unpredictable and possibly irresponsible. Because they do not become enthusiastic about the same things he does, he may conclude that they are lazy and without ambition. Experiences which lead to conclusions of this kind inevitably influence action, and where the impressions are unfavorable to the Indians the action is not likely to result to their advantage.

Indian parents and other relatives should be encouraged to participate in planning for the welfare of their children. There is also need to consider the value to the child and to the parent of keeping the Indian child in his own home whenever this is possible. Under the former Indian boarding-school plan the child was taken out of his home. Experience has shown that this was a most unfortunate procedure. Indian boarding schools frequently developed into homes for semi-orphans, although a search among Indians and Indian language reveals no word for orphan. This social classification seems to be characteristic of white civilization and has brought many complications and tragedies to Indian groups. Under policies now well established, an Indian child should not be enrolled in an elementary boarding school un-

less suitable arrangements for him to live in the home of a relative or in a foster home cannot be made. Homes of white families should not be used as foster homes for Indian children, except in rare cases, as they cannot prepare the child for life in his own group. For children of mixed blood foster-home care by white families may prove satisfactory.

The problems of the Indian and the Eskimo child in Alaska are greatly accentuated by isolation, difficulties of transportation, and division of jurisdiction among various authorities. Alaska had a population of 72,524 in 1940, of whom 21,626 were under 16 years of age. Of these children nearly 15,000, or more than two-thirds, were of native stock—Aleut, Eskimo, and Indian. The program of the Territorial Department of Public Welfare, which administers general assistance and mothers' allowances and provides care for children who are public wards, relates only to white children. The Office of Indian Affairs is responsible for the welfare of native children. It employs 1 social worker. Only \$40,000 is available annually for relief to natives, although the budget of the Department of Public Welfare, which serves the white population, totaled \$210,000 during the fiscal year 1940.

The entire program of services to white and native children in Alaska needs to be reviewed and strengthened through legislative and administrative changes which will provide services adapted to the special needs of the sparse and far-flung population of this Territory and available without discrimination both to white and to native children.

In summary, progress toward the goals of American childhood as they relate to children of Indian heritage must be based on realization of the importance of extending opportunities to these children, as to all American children, on an equitable basis. The objectives must be pursued with profound understanding of the values inherent in the Indian cultures and the problems involved in preparing Indian youth, first, for effective participation in their own local democracy, and then for enjoying the privileges and discharging the responsibilities of the citizenship which they hold in common with all other Americans.

## When Child-Welfare Worker and Teacher Cooperate

By MARY S. KING

*Licking County Child-Welfare Service, Newark, Ohio*

NOTE.—Child-welfare services were begun in Licking County, Ohio, in November 1940. One of the early requests for service came from a school teacher. The account of this case appeared in the *Newark Teacher*, organ of the Newark and Licking County Federation of Teachers, Newark, Ohio, for April 1941 under the title, "Child-Welfare Services in Relation to the Schools," and is reprinted here by permission.

M. S. L.

Schools play a definite part in any child-welfare program, contributing to the all around development of the children who attend. The degree of contribution varies with curriculum, equipment, and especially personnel. Presumably a teacher would not and should not be a teacher unless he had an interest in children as well as in education as such and in the subjects being taught. A child-welfare worker also must be a person who likes children and adults. At the same time he must be interested in community affairs, including the program of the schools.

In any community and in any school there will be children who for some reason present graver problems than the average child, generally because of some lack in the home or community. It is with such children in particular that a child-welfare program is concerned. Teachers, of necessity, give more individual attention to such children, perhaps providing lunches and clothing if the problem is economic, tutoring after school hours if the problem is one of learning ability, spending time with parents to discuss behavior difficulties. Some of these activities are a legitimate part of a teacher's contribution to community service. However, others are not rightly a teacher's responsibility and all may become so time-consuming and burdensome that the teacher's regular duties suffer.

In this connection a child-welfare worker may be of help. Child-welfare services have been set up in Licking County at the request of the community because a number of people felt

there was need for a more adequate child-welfare program. The State Department of Welfare provides these services, which are supported chiefly by Federal funds under the Social Security Act, title V, part 3. Along with a study of the community's needs and as part of the development of the services needed, goes a demonstration of case-work services to children, both in and out of their own homes, who are neglected, dependent, homeless or in danger of becoming delinquent.

For a concrete example of such service let us consider Johnnie Jones. Johnnie is a cause of concern to his teacher, Miss Smith. He came to school the first day "bearing a chip on his shoulder," and it has remained. He seems to defy both older and younger children, becoming involved in fist fights from which he often emerges badly battered. At the same time he has many likable ways. He is attractive when not scowling. He seems to be of average intelligence. Miss Smith has tried to divert his attention from "scrapping" by giving him little tasks to perform and has found that he is most eager to help. She wishes she could spare the time to give him more individual attention. However, she has to be careful that he does not win the title of "teacher's pet" since this would lead to his being teased by the other children and cause more trouble.

Miss Smith decides to refer Johnnie to the child-welfare worker. She tells the worker what she knows about Johnnie and his family. The worker does not meet Johnnie immediately, although she catches a glimpse of him in the classroom. First she visits his home, explaining to Mrs. Jones that the school is concerned about Johnnie's behavior and that she may be able to help do something about it.

She is greeted with some resentment. Why is Johnnie's behavior any concern of hers? She has to proceed slowly to find out if Mrs. Jones is aware that a problem exists and how willing she is to do something about it. She proves to be quite worried not only about Johnnie but about other domestic matters. She is harassed with the care of three younger children. She and her husband continually argue about Johnnie's behavior, each blaming the other. She is glad to find someone in whom to confide her worries, someone who is disinterested and will not go gossiping among the neighbors. At first she spends her time "letting off

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steam." But bit by bit the worker learns the following story.

Johnnie was a nice baby, the pride and joy of both parents for the first few months. However, his brother Ralph arrived when Johnnie was barely a year old. Ralph was somewhat sickly and required much of his mother's time. Johnnie, still a baby, was puzzled. He did not like his brother. Slightly more than a year later sister Anna arrived. She became the special pet of Mr. Jones, who would spend whole evenings sitting beside her crib talking to her. Johnnie was definitely pushed into the background. One day he took away his brother's bottle and threw it on the floor. His mother spanked him and reported the matter to his father, who gave him a severe scolding. Johnnie had the center of the stage. He began to do other mean things until he was occupying as much of his parents' time as the younger children. When another baby arrived he had to fight a little harder.

When Johnnie went to school he expected to have to fight for attention there as at home. He soon had many of the first graders thoroughly scared. He began to take on older children, some of whom enjoyed baiting him to see him fight. It seemed to Mrs. Jones that she was always cleaning him up or bandaging a bruise. Her husband was no help at all. He continued to devote considerable time to Anna. Mrs. Jones resented this and was jealous of Anna. She was also jealous of Miss Smith, because Johnnie talked so much about her in such glowing terms.

All this comes out in the interviews with the worker. Mrs. Jones has been feeling the need of some consideration, too, and when she receives it her troubles seem less severe. The worker is careful to concentrate her attention on Mrs. Jones and not on the children. Gradually she is able to discuss constructive ways of handling the situation. Mr. Jones, who has been seen from time to time, is also willing to cooperate, if only his wife will stop whining so much. Both parents try showing a little more interest in Johnnie's affairs. Mrs. Jones had not dared trust him to do anything for her. She is now persuaded to give him little responsibilities by sending him to the store on errands, letting him feel important because he can do things the other children are too small to do. Instead of playing only with Anna, Mr. Jones reads stories to the three older children. Johnnie is occasionally allowed to sit up later than the others and read a story by himself.

At school Miss Smith still allows Johnnie to help her but is lessening the time she gives to him. She lets him see that friendliness to other children is as important as erasing blackboards. Because his needs for attention are being more adequately filled at home, and because he wants the continued affection of his teacher, Johnnie is able to be less belligerent. It will be difficult for him to live down his past record with the other children, but in time and with encouragement he can win a more desirable place for himself.

Not every situation can be worked out in this fashion. Sometimes a child is so completely unwanted by his parents that he can never find security and affection in his own home. For such a child placement away from home, with a family who will really want him, may well be considered. Since a child presenting behavior difficulties and still having family ties is not suitable for adoption, he will probably need to be placed in a boarding home. An institutional placement will not help him, since he will be more lost than ever in a large group of children. His placement should be supervised so that his adjustment to the new situation can be observed and his behavior interpreted to the foster parents.

It may be that one placement will not work and that another will be advisable. It may be that no substitute home can make up for the lacks in the child's own home. Possibly he will require psychiatric help. In some cities this would be available through a child-guidance center. A child in Licking County would have to be committed to the bureau of juvenile research. He might fail to respond to treatment and prove to be a child for whose problems society can as yet do nothing. But he should not be given up as hopeless until he has been given every possible opportunity to make a satisfactory adjustment to life.

The Jones situation would have been greatly aggravated by unemployment and its accompanying economic need and loss of morale. To simplify discussion a situation was selected in which financial help was not required. Unemployment that brings economic need and loss of morale always aggravates the problems of a family. In some instances it is the basic factor in the break-up of a home. It is one of the problems which a community must face most often, and is one of the most baffling.

It is the task of the child-welfare worker to determine in each situation the best procedure to follow, to make the most of available resources, and to help develop necessary programs. In this she must work closely with the schools. Teachers and welfare workers can be of mutual assistance in their respective programs.

## BOOK NOTES

*Recent reports by Consumer Purchases Study* The United States Department of Agriculture has issued the following publications prepared by the Consumer Purchases Study of the Bureau of Home Economics in cooperation with the Work Projects Administration:

**FAMILY INCOME AND EXPENDITURES; FIVE REGIONS.** In part 2, Family Expenditures, Urban and Village Series (Miscellaneous Publication No. 396, Washington, 1940, 410 pp., 40 cents), all regions of the United States were combined for the data on consumption studied in relation to family income, type, occupation, and region. Consumption patterns of city and village families and of white and Negro families are compared. Part 1, concerning income, family composition, and housing, has already been published in four volumes; each volume covers a different section of the country.

**FAMILY EXPENDITURES FOR MEDICAL CARE; FIVE REGIONS** (Miscellaneous Publication No. 402, Washington, 1941, 241 plus viii pp., 30 cents), presents data obtained from a survey of the medical-care expenditures of a selected group of urban, village, and farm families. A special section of 73 pages of text discusses similarities and differences between one group of villages and one of the farm groups; tables in the appendix make it possible to compare these two groups and any others and to relate medical-care expenditures with family income and composition. Medical-care expenditures amounted to about 5 percent of the net income of the native white families at most economic levels in small cities and in villages. Expenditures of farm families with comparable incomes tended to be smaller. Outlays were classified in three groups; for

services, for commodities, and for health and accident insurance.

**FAMILY HOUSING AND FACILITIES; FIVE REGIONS** (Miscellaneous Publication No. 399, Washington, 1940, 223 plus vi pp., 25 cents), considers the housing of urban, village, and farm families—number of rooms, cooking, heating, lighting, hot or cold water, and other sanitary facilities, as they differed from one income group to another. Other factors, such as degree of urbanization, region, composition of families, occupation, and tenure of family homes are discussed. A summary describing the housing of families at three economic levels concludes the report.

**FAMILY EXPENDITURES FOR AUTOMOBILE AND OTHER TRANSPORTATION; FIVE REGIONS** (Miscellaneous Publication No. 415, Washington, 1941, 272 plus iii pp., 30 cents) also considers a selected group of urban, village, and farm families. Expenditures for car purchase and operation accounted for more than four-fifths of the total transportation outlays of families at all income levels in the groups of communities surveyed.

**FAMILY FOOD CONSUMPTION AND DIETARY LEVELS; FIVE REGIONS** (Miscellaneous Publication No. 405, Washington, 1941, 393 plus vi pp., 35 cents) has just been received and will be reviewed later.

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**PATHS TO MATURITY; FINDINGS OF THE NORTH CAROLINA YOUTH SURVEY, 1938-1940**, by Gordon W. Lovejoy. Sponsored by Cooperative Personnel Study, University of North Carolina, 1940.

For this survey, which was an official project of both the National Youth Administration and the Work Projects Administration in North Carolina, 44,963 boys and girls contributed information about themselves.

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## Child Health in the District of Columbia—The Challenge of May Day, 1941

BY ELLA OPPENHEIMER, M. D.

*Director, Bureau of Maternal and Child Welfare, District of Columbia  
Health Department, Washington, D. C.*

It is peculiarly fitting, at this time, that the subject of child health in Washington take its place on a program dedicated to child health in the Nation. For the national-defense program is bringing thousands of people into the city—not only workers for the Government but workers for the trades and industries which must expand to meet the needs of a rapidly growing population.

The exact number of newcomers is not known, but already there has been absorbed a 30-percent increase in the supply of fluid milk to the city, and another 30 percent is anticipated by December 1941, by which time it is estimated there will be 240,000 more people in Washington. Births in the city, so far during the current year, have increased 25 percent over a similar period last year. At this rate of increase, there will be some 4,000 more births here in 1941 than in 1940.

Let us consider what has been going on in Washington before these present emergencies. Since 1936 we have shared with the other States in the Union the benefits of grants-in-aid under the Social Security Act from the United States Public Health Service for general public health and the control of venereal disease, and from the United States Children's Bureau for maternal and child-health services and services for crippled children. These latter grants-in-aid, especially, have made possible the extension and improvement of services for the protection of maternal and child health and for the care of

handicapped children in areas of greatest need, although contributions from the general public-health and venereal-disease fields have also played a part, as have some increases in District of Columbia appropriations for maternal and child-health, school-health, and public-health-nursing services.

The degree to which public services for mothers and children have expanded since 1936 when the Federal grants-in-aid became available and plans for the extension and improvement of services for the group in greatest need of care were developed, is evidenced by these facts: In 1936, 688 maternity patients received prenatal care at health department clinics; in 1940, the number exceeded 5,000. In 1936 some 7,500 babies and preschool children were registered for health supervision; in 1940 the number exceeded 18,000. In 1936 the only procedure carried on at the clinics in addition to regular health supervision was immunization against diphtheria. In 1937 there were initiated treatments for syphilis for expectant mothers and for children, vaccination against smallpox, Schick tests, and tuberculin tests. Vision-screening tests of preschool children were undertaken by a group of trained volunteers under the direction of the District of Columbia Society for the Prevention of Blindness. In 1938 classes in foods and nutrition, conducted by workers of the American Red Cross in cooperation with the nutritionist of the Health

Department, were added to the activities in the clinics. The total number of visits of mothers and children to clinics for these various components of health protection has increased from 55,000 plus in 1936 to 124,000 plus in 1940.

The expansion of clinic services has been accompanied by planning for care suited to the need of the mother at the time of birth as well as home and clinic follow-up of mother and baby afterward. In addition, a study of all maternal deaths, stillbirths, and infant deaths is made currently with the active cooperation of the medical societies, and the assistance of the Children's Bureau.

In the field of services for handicapped children grants from the Children's Bureau for the extension and improvement of services for crippled children and children with conditions which lead to crippling, together with District of Columbia funds used for hospitalization and other types of care for crippled children, have made possible the beginning of a city-wide, organized program for the care of handicapped children. In 1938, when this program got under way, 268 children with crippling conditions were hospitalized for 13,496 days through the use of public funds; in 1940, 367 children were given 25,164 days of hospital care.

For a complete picture of services for mothers and children in the city add to these public services, which have been so greatly expanded in recent years, the activities of voluntary hospitals in maintaining prenatal clinics and wards which through the Community Chest assists maternity patients who can pay in part for their care; the Child Welfare Society's clinic at the Children's Hospital; the out-patient and in-patient services for sick children at the Children's Hospital and some other hospitals in the city; the services of the Instructive Visiting Nurse Society; and medical and dental care, health education, and other services of various sorts given by the medical and dental professions and many other organizations and agencies.

One might well ask, "Do the results justify the efforts?" The marked saving of infant life in Washington testifies that they do. In 1936 the infant mortality rate was 70.2 per 1,000 live births; in 1938 it fell to 48, a rate which has been maintained in 1939 and 1940. The death

rate from diphtheria in 1940 was the lowest in the history of the city, and the maternal death rate in 1940 was significantly lower than in many years. The superintendent of Gallinger Hospital reports a reduction of mortality among premature infants, from 33 percent in 1939 to 11 percent in 1940, as a result of improved care made possible by limited funds granted by the Children's Bureau for urgently needed additional nursing personnel and equipment.

Another national program in which we have shared generously during the past few years and to which we are deeply indebted for active assistance in many fields of service for the health of mothers and children here is that of the Work Projects Administration. Without the WPA personnel made available during the past 2 years for our 15 maternal and child-health centers and our central office for assistant clerical, attendant, and laboratory work, our clinical services would have had to be markedly decreased. Any curtailment of this assistance now means curtailment of our clinical services, unless provision is made in a regular or special appropriation for this essential personnel. The Housekeeping Aide Service developed by an interested citizens' group and the Work Projects Administration is one the community has used actively and urgently needs for the health of its mothers and children. The same holds true for surplus commodities and the school-lunch project as long as there are underfed families in our midst.

Yet in spite of all this progress and assistance there are still many inadequacies and serious and human wasteful gaps which should be corrected promptly. Facilities for dental care are grossly inadequate for maternity patients, preschool children, and adolescents in junior and senior high schools; but we are hopeful of the impetus which the newly organized National Dental Hygiene Association will give to the provision of more adequate dental care. Mental-hygiene service should be available under public auspices if we are to prevent the warped personalities, behavior problems, and delinquency of later childhood and adult life. Inadequate provision is made in the schools for care of children handicapped in hearing or vision. Nutritional deficiencies are prevalent because of poverty and

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inadequate nutrition education. Facilities and nursing personnel in the public and in many of the private hospitals are inadequate to care properly for premature infants. The death rate of premature infants in the District of Columbia is higher than for the country as a whole. Increased clinic facilities are needed for the Health Department's rapidly growing maternal and child-welfare clinics. Medical and public-health-nursing personnel are inadequate to provide maternity, infancy, preschool, and school-health services in clinic and field; clinics for sick children are overcrowded. Convalescent-care facilities are lacking for all children over 12 and for colored children under 12 years of age.

Again, far too few individuals in contact with children in their homes and schools are examined for communicable disease, especially for tuberculosis, before they are employed. The present opportunity offered by the District of Columbia

Tuberculosis Association, although for a limited period of time, for chest X-rays of household workers represents a significant forward step in the protection of children. Likewise, tuberculin testing of young children is far too infrequently used as a means of finding cases of open tuberculosis and subsequently protecting well children from contact with infected children.

With these evidences of what can be accomplished in the saving of the lives and health of mothers and children, and of the great deal which yet remains to protect children in Washington, we face the additional responsibility presented by the rapid growth of the population in connection with the defense program. Every problem of child health in the city is intensified by this influx, and additional resources to provide for all categories of maternal and child-health protection must be found.

## Camping With Crippled Children at Greentop

BY MARY E. CHURCH

*Executive Secretary, The Maryland League for Crippled Children,  
Baltimore, Md.*

**NOTE.**—In recent years great interest has been shown in providing camping opportunities for physically handicapped children. Many of the points to be considered are the same in the selection of a camp for a physically handicapped child as for a well child,<sup>1</sup> but added emphasis must necessarily be placed on some requirements which are essential in relation to the child who is physically handicapped.

As in the development of any facility it is important to have a clear understanding of the primary purposes of the camp. The purpose may be to provide intensive physical therapy in a controlled environment, to provide an opportunity for improving the nutritional state of crippled children, or to offer such children a happy experience in a healthful environment. Whatever the reason, the balance of the camp program can be maintained only if the purposes of its development are recognized.

**Location.**—The camp should be located at a safe distance from main highways and other possible hazards. The topography of the camp site and its immediate vicinity should be such that children with crippling conditions will be able to move about the camp easily.

**Buildings.**—Sleeping quarters and recreation halls should be so constructed as to offer sufficient protection from the elements and prevent undue exposure. All buildings should either be of fireproof construction or have adequate fire protection. Special ramps and other facilities, such as wheel chairs, crutches, and hand rails, should be provided for children who are unable to use steps. Equipment and furnishings, such as beds, mattresses, chairs, and tables, should be suited to the special needs of the children who will be attending the camp.

Facilities for the isolation of children who develop acute infections are important, as in other camps.

**Food.**—If the camp is to accept diabetic children, a well-qualified dietitian should be employed to supervise the diets of these children.

**Selection of children to attend the camp.**—Prior to the opening of a summer camp for physically handicapped children each season, provision should be made for physical examination by qualified physicians of all children who are under consideration for enrollment to determine whether or not they are physically able to attend the camp. The physician's report should include recommendations regarding any limitations to be observed in relation to the activities of individual children.

<sup>1</sup> See *Safeguarding Children in Camp*, by Dorothy V. Whipple, M. D., in *The Child*, April 1941.

In selecting children for the camp it is important to consider the individual child's feeling about his disabilities. Camps for physically handicapped children may meet the need of many children but may be a threat to others who cannot become a part of such a group without unhappiness and increased insecurity.

*Medical supervision and special personnel.*—Continuity of medical care must be maintained in camps for physically handicapped children. Not only must there be provision for physical examination prior to admission but also continued medical supervision of each diagnostic group by qualified specialists as well as by pediatricians. Camps for physically handicapped children not infrequently employ physiotherapists and occupational therapists who have had training and experience with crippled children and who, under the supervision of the camp physician or attending orthopedic surgeon, are able to provide treatment services for selected children. In any camp for children there should be a qualified nurse to give nursing supervision to those in need of such services.

*Camp activities.*—In any camp for physically handicapped children careful consideration must be given to adapting the program of activities to fit the physical abilities of individual crippled children.

A few of these essential features in relation to camps for physically handicapped children have been referred to in the following article, which is based on several years of experience in one State in conducting a summer camp for crippled children.

A. L. V. H.

Camp Greentop, established by the Maryland League for Crippled Children in 1937, is primarily a health camp where every effort is made to improve the child's physical condition through physiotherapy, heliotherapy, rest, and special diets. Along with the health work the objective of the entire camp program is to develop character through new experiences. In every normal girl and boy is a powerful desire to explore and discover for himself the secrets of his own world. This desire alone is invitation enough to take every one away from the limits of four walls, so to speak, to the limitless wonderland of the out-of-doors. Crippled children living in overcrowded city areas by reason of their physical limitations have seldom been privileged to build character in nature's workshop. For them out-of-door recreation is a physical, mental, and spiritual adventure, and around these three components a camp program is created, not preplanned.

### *Location and Facilities.*

The camp was named "Greentop" by the first group of campers, because of their appreciation of the abundance of green trees on top of the mountain. It is located near Thurmont, Md., in the Catoclin Mountains, in a tract of land owned by the National Park Service. Camp Greentop accommodates 96 children, 24 counselors, and a staff including a director, 2 assistant directors, resident physician, nurse, physiotherapist, dietitian, and kitchen staff.

The camp area consists of about 35 acres and is divided into 4 units. In each unit there are 3 cabins and a latrine. Each cabin accommodates 8 campers, a senior counselor, and a junior counselor. There are 2 recreational lodges, each offering indoor play facilities for 48 campers. The administration unit, around which the other buildings form a semicircle, consists of the administration building, a central storehouse, a kitchen-staff lodge, an infirmary, a dining hall and kitchen, a staff lodge, a central shower adjacent to the swimming pool, and a craft shop. There is also a play field of several acres.

### *Selection of Campers.*

Physically handicapped children are the only ones considered for camp. Two-thirds of the children are from Baltimore City, and one-third from rural areas of Maryland. However, the facilities are not entirely limited to Maryland children. Special cases from the District of Columbia and adjacent areas have been accepted.

This is a program for underprivileged children, but pay cases may be accepted. Families are expected to make what financial contribution they can afford to their child's maintenance at camp.

Campers are recommended or approved by an orthopedic surgeon. All orthopedists in Maryland are members of the League's Medical Advisory Committee.

In selecting children for camp emphasis is placed on the fact that not every crippled child is considered for this camp. Many such children can and should go to camps designed for the normal child, according to the long-pursued philosophy of the Maryland League for Crip-

pled Children—that every effort should be made to develop the crippled child to take his place in the normal social scheme.

A camper must be able to walk from his cabin to the central unit, the greatest distance being about 600 feet. A camper wearing braces and using crutches can easily accomplish this when allowance is made for slowness. The campers are white children 7 to 18 years of age; 48 are boys, and 48 are girls. On the principle that these children would derive little benefit from short camp periods, it is the established policy to take campers for the entire camp period of 8 weeks.

A review of the causes of the campers' disabilities for the last 4 years shows that poliomyelitis is responsible in 32 percent of the cases. Tuberculosis of the bone, cerebral palsy, scoliosis, traumatic deformities, and congenital deformities are next in order of frequency, and there are occasional cases of crippling due to various other causes. Some children who need a minimum amount of physiotherapy, or who merely need the protection of restricted activity, are chosen because of their social needs.

These needs are determined by the social-service workers on the staff of the Maryland League for Crippled Children, who know through their constant supervision of the homes the family limitations and the lack of understanding on the part of some parents.

#### *Staff and Staff Training.*

Good leadership in camping is a quality that must be found not only in the director, but in every member of the staff. Qualities of successful leadership of greatest importance are responsibility, mature judgment, and emotional maturity. Leaders and counselors are expected to be mature adults capable of managing their own lives before they start trying to handle the problems of others.

The director of Camp Greentop has been with the camp since its inception and now has a total of 25 years of camp experience to his credit. He is a teacher of physical education in a boys' high school. The assistant director for boys is vice principal of a grade school and has had 11 years of experience in camping, 4 of which have been at Camp Greentop. The assistant director

for girls also is a teacher of physical education in a coeducational junior high school and now has a total of 7 years of camping experience, 4 of them at Camp Greentop.

Six women and 6 men compose the staff of senior counselors, chosen for their ability as counselors in arts and crafts, nature lore, recreation, music, and for their general experience in leadership. For the past 4 years the senior staff has consisted of 3 teachers, 2 medical students, and 5 college students. No one under 21 is considered as a senior staff member, and the average age has been about 25. There is a junior staff of 12 counselors, consisting of younger college and high-school students at least 17 years of age with special leadership ability. Each junior is assigned to a senior counselor as assistant in the field for which the senior has been chosen.

Applicants who are accepted are notified to report for a training class, which consists of four lectures covering camp organization, camp pedagogy, camp program, and medical factors to be considered.<sup>2</sup>

A program of in-service training is a part of the camp policy. It is carried out by means of frequent professional meetings of the entire staff, meetings of sections of the staff, and individual conferences of staff members and directors.

#### *Program.*

Confronting the staff in their work is the fact that these campers are physically handicapped children, some of whom have had extended periods of hospitalization, or come from homes where they are either overprotected or are subjected to distressing environments. Again, the crippled child is blocked in his recreational needs in his own neighborhood. This child desires not only to belong to the neighborhood gangs, but to participate in the general social life of a child. The philosophy of the camp is to allow children to develop freely under new leadership and along new lines in the camp environment.

The most valuable parts of the program are

<sup>2</sup> The training course for camp leaders, including both the four lectures and the program for in-service training, is being prepared in booklet form and will be available later from the Maryland League for Crippled Children.

those in which there is the greatest camper participation. Ideally the campers would originate the activity, plan its execution, and carry it through to a successful conclusion with staff help kept to a minimum or dispensed with altogether.

After rising bell at seven o'clock, breakfast at eight o'clock, cabin clean-up, and so forth, the morning hours are free for group activities. Each camper before coming to camp is graded by his own orthopedist, who designates activities for him, such as ball games, hiking, amount of swimming. This information is filed both with the counselor in the child's cabin and with the assistant director. Campers decide when to play active games, softball, deck tennis, table tennis, and so forth, with rules changed to suit their disabilities. Toward the end of camp season tournaments in nearly all activities become extremely popular. A camper committee of nine makes the rules, the schedule, and all plans, showing fine evidence of careful judgment and enthusiastic participation. The younger children enjoy games such as croquet, miniature golf, and a variety of circle and group games; and the girls make camp gardens, cut paper dolls, and play mothers. It is traditional for the little girls 8 to 10 years of age to act as hostesses at parties, and to initiate the first outdoor breakfast, planning their own menu with the counselor and dietitian, and inviting the boys of the same age group and the administrative staff.

Swimming is a favorite sport. At the beginning of the season children are allowed to go bathing, but no effort is made to teach them to swim. The swimming counselors observe and jot down notes to enable them later to place each camper in a swimming group where he will be able to learn to the maximum advantage. Here there is close supervision and cooperation from the physiotherapist who treats the majority of the cases during the school term. Specific exercises are recommended for some children, and certain swimming strokes are supervised.

The arts and crafts shop is fully equipped so that any child even with little initiative or little imagination finds ample opportunity to develop skills, appreciation of good workmanship, and motor coordination. Unlike the school work-

shop, there is no set curriculum, so that the child may use materials at hand or materials furnished by nature to develop his creative powers. Included in these crafts are leather work, metal tapping, woodworking, wood burning, aeroplane building, craft strip, boat building, and many other activities difficult to classify. The recreation lodge in the girls' unit offers facilities for basket weaving, knitting, sewing, making doll babies, crocheting pocketbooks, and many other activities.

Emphasis is placed on the occupational-therapy aspect of craft work for children designated by the medical staff.

The surroundings of the camp offer limitless opportunities for nature study. Wild flowers abound near the waterfall. Each summer gardens are planted around the cabins, especially in the girls' and the small boys' sections. Spatter prints offer a valuable opportunity to study the various trees and leaves. Butterflies and moths are caught and mounted as permanent nature displays. "What is this?" is a contest carried on throughout the camp season. It consists of identifying a new nature specimen displayed each day. Many books on wild flowers, birds, and trees are found in the nature library for use of the campers. Hikes offer an opportunity for the campers to discover the habitat of birds and rabbits. Nests of the ring-necked pheasants and the bobwhites are often found.

The older girls and boys express their appreciation for their camp experience by making some pioneer project their objective. As a gift from the 1940 group there is now an overnight camp site with an Adirondack lean-to, open fireplace, and frames for cots. Under the guidance of the boys' senior counselor all plans were drawn up, wood shaped, and stones placed in position by the older boys. The girls made the canvas covers for the cots.

Two camp libraries are a great joy to the campers. A camper assumes the responsibility of librarian, checking books in and out. The books are the gifts of organizations and friends, and the shelves are a contribution by the boys.

#### *Medical Supervision.*

Medical supervision starts with the Medical Advisory Committee of the Maryland League

for Crippled Children composed of 16 orthopedists, 2 of whom are assigned to visit camp once a week on different days. They act as consultants to the resident doctor and nurse in problems arising from activities on the part of some campers, adjustment of braces, periods of swimming, and so forth. In camp the physiotherapist is responsible for all matters pertaining to orthopedic appliances, because of her intimate knowledge of about two-thirds of the children at camp. Out of camp season she is physiotherapist at the public school for handicapped children in Baltimore, supervised weekly by the same group of orthopedists.

The camp doctor and nurse are in charge of the infirmary, which is well equipped to care for 8 sick campers at a time (more if necessary). Such minor injuries as cuts and bruises are promptly taken care of, and regular dispensary hours are established for the return of patients needing care. A neighboring physician acts as consultant on all cases where there is any doubt as to diagnosis and treatment. An excellent hospital 14 miles away is available for any serious injury.

The nurse has charge of the weekly weighing period and, with the camp clerk (an older handicapped girl), records all treatments, weights, and so forth, in the camper's medical history.

All matters of food are handled by the dietitian, including food purchasing and menu planning. Campers who require extra nourishment report at a regular time in the morning and afternoon. The average number receiving special diets is 33.

### *Summary and Evaluation.*

It is difficult to evaluate all benefits enjoyed by the children. Their social experience has been broadened and the wonders of nature have been opened to them in contrast to the narrow alleys and corner playgrounds of the city. The counselors keep a record of each child's progress and social responses. Campers are usually examined by their orthopedist shortly after return from camp. The reports made frequently show improvement in general physical condition, including gains in weight, and so forth. Marked improvement in muscle tone is noted in some cases as a result of increased outdoor exercise.

Campers are constantly relating camp experiences in their classrooms, where improvements in poise and social security are most noticeable. Parents report that the campers show more consideration for others in the home, more self-assurance, more unselfishness in sharing playthings, more obedience, and most of all a sense of appreciation for surroundings, a greater joy in living. The spiritual life of the child is enriched through a new concept of God in nature, through the quiet reverence around the weekly council fire, through vesper services, the singing of hymns and camp songs, and in some instances through new friendships established between campers and counselor. All these values may not be found in every child, but certainly they are found to such an extent that every effort to provide a camp experience for crippled children should be encouraged. It is another opportunity for that fullness of life barred in so many instances by physical handicaps.

### BOOK NOTES

SUNSET CAMP, ANNUAL REPORT, 1941 (Sunset Camp Service League, Bartlett, Ill., 1941, 46 pp.) states that the purpose of Sunset Camp is "to give a happy and healthful vacation to Jewish school and working girls and to offer convalescent-camp care and recreation to children with heart disease." Children with heart disease are referred to the camp by social agencies and cardiac clinics. In 1940 three-fifths of the children came from families receiving relief. The camping season for children with heart disease was extended from 3 months to 5 months in 1940, and most of the children profited greatly by the longer season.

The services of a consulting psychiatrist were available, and attention was focused on meeting the needs of each child as an individual.

DIRECTORY OF CAMPS AND SUMMER ACTIVITIES FOR CRIPPLED CHILDREN IN THE UNITED STATES, 1941, has been issued by the National Society for Crippled Children, Elyria, Ohio, as *Institutional Bulletin* No. 31, May 1941 (7 pp. Mimeographed). This is now issued annually and gives the address, sponsor, and capacity of camps for crippled children, with brief details as to types of children accepted and cost of care.

• **CHILD LABOR** •

• **YOUTH EMPLOYMENT** •

• **VOCATIONAL OPPORTUNITIES** •

## The Maintenance of Safeguards for Youth

Because it so clearly expresses the urgent need of maintaining the standards which have been set up for the employment of minors, a resolution which has been introduced into the Pennsylvania Legislature is of general interest.

It furnishes evidence from one of the largest industrial States that the safeguards that have been established as necessary for the health and welfare of youth should not be sacrificed in an emergency program.

The resolution reads as follows:

Whereas the education and welfare of the children of the State are fundamental to the future of Pennsylvania, and

Whereas Pennsylvania has recognized this in the past by enacting a system of compulsory education and by enacting laws for the regulation of employment of minors, and

Whereas in the World War Pennsylvania witnessed a great increase in child delinquency accompanied by a tendency to disregard the compulsory school-attendance laws and the child-labor laws, and

Whereas in the present emergency there is a danger that these conditions may arise again, a situation which all enlightened citizens desire earnestly to avoid: Therefore be it

*Resolved*, That the Legislature of the Commonwealth of Pennsylvania call upon all local school boards to be

vigilant in the enforcement of the compulsory-attendance laws; and be it further

*Resolved*, That the Legislature of the Commonwealth of Pennsylvania call upon the Department of Labor and Industry by enlarging the appropriate divisions if necessary to enforce strictly the child-labor laws of this State.

\* \* \*

Governor Olson of California has vetoed a bill passed by the California Legislature which would have permitted boys as young as 10 years of age to sell papers on the streets and would have eliminated the present requirement for work permits for newsboys.

In his veto message the Governor stated, "The people of the State of California have been proud of the success of their efforts to safeguard women and children in industry."

\* \* \*

Governor Lehman of New York has added his voice in protest against relaxing child-labor standards by vetoing a bill passed by the General Assembly of New York State which would have lowered the present standards set for the employment of children in theatrical and other public performances.

### BOOK NOTES

INDUSTRIAL HOME WORK IN THE UNITED STATES, by Frieda S. Miller. *International Labor Review*, Vol. 43, No. 1 (January 1941), pp. 1-50.

The history of industrial home work in the United States is traced from the Colonial Period to the present time. Miss Miller speaks from first-hand experience of administration of industrial home-work and minimum-wage laws, as she has been industrial commissioner of the State of New York since July 29, 1938, and previously was director of the Division of Women in Industry and Minimum Wage of the New York State Depart-

ment of Labor. Early attempts at regulation, the situation under the National Recovery Administration, the effect of recent State and Federal legislation, and home-work conditions as revealed by recent studies are described.

In describing the attitude toward home work in the United States, Miss Miller says:

The overwhelming majority of American government officials who have ever had anything to do with the administration of laws designed to regulate industrial home work are firmly convinced that it can never be satisfactorily regu-

lated. Low wages, long hours, child labor, unhealthy and insanitary working conditions—evils which long have characterized industrial home work in the United States—are part and parcel of the system, they believe, and complete abolition alone can actually eliminate them. This belief is shared by organized labor, civil

and social leaders, public health authorities, consumers' groups, and the more progressive employers—all of whom look upon home work as a parasitic growth on the industrial system, injurious to the community at large and especially to factory workers, whose standards are undermined by the competition of home workers.

## • EVENTS OF CURRENT INTEREST •

### Recent Children's Bureau Publications

**PROBLEMS AND PROCEDURES IN ADOPTION**, by Mary Ruth Colby. Bureau Publication No. 262, Washington, 1941. 130 pp. This study discusses the administration of adoption laws in nine States where the State public-welfare department has a responsibility for investigating petitions for adoption and for leadership in the whole field of adoption. It contains factual and statistical information showing what children are being adopted, how they find their way into their adoptive homes and by whom petitions for adoption are filed. One section is devoted to the services of the State department in the development of sound adoption practices. Another discusses the place of the court in adoption procedure and the importance of certain specific legal provisions in adoption laws. In the concluding section the implications of the findings are summarized and points needing special consideration in revising State adoption practice are listed.

**MATERNITY CARE AT PUBLIC EXPENSE IN SIX COUNTIES IN NEW YORK STATE**. Bureau Publication No. 267, Washington, 1941. 84 pp. Data are included on all maternity patients who received medical or nursing care paid for from public funds July 1, 1935, to June 30, 1936, in the six counties studied. The report, which was written by Beatrice Hall, medical social consultant, who also supervised the study, brings to light considerations of general significance in the provision and administration of maternity care in rural areas. It also gives consideration to the problem of providing maternity care for women in families

that are able to maintain themselves but unable to pay for necessary maternity care.

**RECORDING CHILD-WELFARE SERVICES**. Bureau Publication No. 269, Washington, 1941. 38 pp. This is the report of the Committee on Case Recording in Public Child-Welfare Agencies in Rural Areas, appointed in 1938. The principles of case recording are approached from the point of view of services needed by children rather than from the point of view of agency functions. Case recording is dealt with as an integral part of case treatment, and the discussions are therefore focused on adequate case treatment as related to the total needs of the child.

**INDUSTRIAL HOME-WORK CONDITIONS IN THE CANDLE-WICK-BEDSPREAD AND LACE INDUSTRIES**. Prepared by the Children's Bureau and transmitted to the Wage and Hour Division of the United States Department of Labor in January 1940, this report is now available in mimeographed form (Washington, 1941, 50 pp.). The findings show that the use of children under 16 years in industrial home work continues in spite of legislation prohibiting it in both the industries studied. The report recommends that factory production be substituted for industrial home-work production as the most effective means of guaranteeing fair labor standards.

**FACTS ABOUT CHILD HEALTH**. 11 pp.

**FACTS ABOUT CRIPPLED CHILDREN**. 15 pp.

These two pamphlets have been revised as of March 1941.

### Additional Summer Courses

In addition to those announced in the April issue the following courses relating to work with children and youth are being offered this summer:

Vassar College, Poughkeepsie, N. Y., has a summer workshop, June 19 to July 31, for the study of personality development. This is designed to provide advanced training in guidance for workers in education, social work, pediatrics, and school health. Further details may be obtained from Dr. Caroline B. Zachry, director, Institute for the Study of Personality Development, 221 West Fifty-seventh Street, New York.

At Mills College, Oakland, Calif., the Depart-

ment of Child Development is offering a course with the general subject of child psychology as a basis for solution of today's crucial problems, June 29 to August 8. For further information write to Director of Summer Session, Mills College, Oakland, Calif.

Stanford University School of Education is holding an institute July 17-20 on Education for the National Emergency and After. Information concerning the institute may be obtained from the General Chairman, Fiftieth Anniversary Celebration, Room 173, Administration Building, Stanford University, Calif.

### CONFERENCE CALENDAR

- |             |  |                 |   |
|-------------|--|-----------------|---|
| July 6-12   | International Conference of the New Educational Fellowship at the University of Michigan, Ann Arbor, Mich. Health Education Meetings have been organized by the Health Section of the World Federation of Education Associations in collaboration with the New Education Fellowship. | Sept. 15-21     | Second Inter-American Congress of Municipalities, Santiago, Chile.  |
| July 6-11   | National Federation of Business and Professional Women's Clubs. Sixth biennial convention, Los Angeles, Calif. Permanent headquarters: 1819 Broadway, New York.  | Sept. 29-Oct. 3 | National Recreation Association. Twenty-sixth National Recreation Congress, Baltimore, Md. Information: National Recreation Association, 315 Fourth Avenue, New York. |
| July 8-12   | Association for Childhood Education. Forty-eighth annual convention, Oakland, Calif. Permanent headquarters: 1201 Sixteenth Street NW., Washington.  | Oct. 6-10       | National Safety Council. Thirtieth National Safety Congress and Exposition, Chicago, Ill. Managing director: W. H. Cameron, 20 North Wacker Drive, Chicago.           |
| July 13-18  | American Physiotherapy Association. Twentieth annual convention, Stanford University, Calif. Permanent headquarters: 737 North Michigan, Chicago, Ill.   | Oct. 9-11       | American Academy of Pediatrics, Boston, Mass. In charge of arrangements: Dr. Clifford Grulee, 636 Church Street, Evanston, Ill.                                       |
| Aug. 10-13  | International College of Surgeons, Mexico City, Mexico.  | Oct. 14-17      | American Public Health Association. Seventieth annual meeting, Atlantic City, N. J. Permanent headquarters: 1790 Broadway, New York.                                  |
| Sept. 15-19 | American Hospital Association, Atlantic City, N. J. Permanent headquarters: 18 East Division Street, Chicago, Ill.   | Oct. 27-31      | American Dental Association. Eighty-third meeting, Houston, Tex. Permanent headquarters: Chicago, Ill.  |

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